



Scott Walker, Governor
Dave Ross, Secretary

Elevator Contractor License

Your application will not be processed or will be delayed unless you:

- ☐ 1. Complete the application including signing and dating the first page.
- ☐ 2. Write in your social security number.
- ☐ 3. Attach the specified documents listed on this application.
- ☐ 4. Attach the specified fee listed on this application.
- ☐ 5. Make a photocopy of the completed application for your records.

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license per Wisconsin Stats, but they may not be disclosed to anyone except other State of Wisconsin governmental agencies.

Business Information	Contact Person Information
Federal Employer Identification Number (FEIN):	Social Security Number:
Business Name:	Individual's Name :
No. & Street, or P.O. Box:	Address No. & Street, or P.O. Box:
City, Town or Village, State, Zip + 4 Code:	City, Town or Village, State, Zip + 4 Code:
Country, If Other Than United States:	Country, If Other Than United States:
Business Telephone No. (include area code):	Telephone No. (include area code):
If Available, Business Fax No. (include area code):	

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met.

*The individual applying for a business credential shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.

Applicant's Signature

Date (mo/day/yr)

Send application and payment to: DPS Trades Credentialing, PO Box 78780, Milwaukee, WI 53293-0780.

Office location: DPS Trades Credentialing, 1400 East Washington Ave., Madison, WI 53703

All other correspondence: DPS Trades Credentialing, , PO Box 7082, Madison, WI 53707 Phone: 608-266-2112. TTY: Contact through Relay or DspsSbCredentialing@wi.gov.

Credential Fee (nonrefundable): \$115.00

class code 8260

Make checks payable to: State of WI – DPS. The fee consists of a \$15 application fee and a license fee of \$100. The credential will be effective for two years from the date of issuance.

Are you a Veteran?

Are you requesting a waiver of your initial credentialing fee?

- ☐ Yes Provide a copy of your Department of Veterans Affairs voucher code. DVA Voucher Code: _____
- ☐ No Submit the fee of \$115.

You may contact DVA at 1-800-WisVets or www.WisVets.com for assistance in obtaining your DVA Voucher Code.

Reason for Certification: A person or entity who holds a credential issued by the department as a licensed elevator contractor may engage in the business or offer to engage in the business of constructing, installing, altering, servicing, replacing or maintaining conveyances. A person, entity or business is not required to hold a license as a licensed elevator contractor to service or maintain existing conveyances within facilities or properties owned by the person, entity or business.

Requirements of Credential: (a) A licensed elevator contractor shall be responsible for the contractor's work on conveyances with respect to compliance to SPS 318.
(b) A licensed elevator contractor shall utilize the appropriately licensed or registered individuals to construct, install, alter, service, replace or maintain conveyances.
(c) For any construction, installation, alteration, repair or replacement of a conveyance or conveyance component that requires a permit under SPS 318.1009, a licensed elevator contractor may not commence the work until a permit is issued for the project.
(d) A licensed elevator contractor shall maintain their liability insurance as specified under s. 101.985 (1), Stats.

A person who holds an elevator contractor may not contract with another person or entity to engage in construction business activities unless the person or entity holds a credential under SPS 305.30(1)(a) or (b).

Applying for Elevator Contractor License

In accordance with SPS 305.9905(3), a person applying for an elevator contractor license shall provide all of the following:

1. A statement certifying that the person complies with the worker's compensation requirements under ch. 102, Stats.
2. Evidence of compliance with the liability insurance requirements as specified under s. 101.985 (1), Stats.

Liability Insurance: The business has in force a policy of general liability insurance issued by an insurer authorized to do business in Wisconsin insuring the business in the amount of at least \$1,000,000 per occurrence because of bodily injury to or death of others and at least \$500,000 because of damage to the property of others.

Liability insurance policies must provide that it may not be canceled by the person covered by the insurer or surety company except on 30 days written notice served on the department in person or by certified mail. The person covered shall file with the department proof of replacement insurance or bond within the 30-day notice period and before the expiration of the policy or bond. The department may suspend without prior notice or hearing the elevator contractor license of a person who does not file satisfactory proof of replacement insurance or bond.

Your CURRENT (not expired) insurance certificate MUST BE ATTACHED TO THE APPLICATION and must indicate the following:

1. The certificate holder is: Department of Safety and Professional services, Trades Credentialing, PO Box 7082, Madison WI 53707-7082. (Note: The certificate holder information is usually located in the lower left hand corner on the certificate);
2. The company/person is insured for at least \$1,000,000 dollars per occurrence because of bodily injury to or death of others insurance and at least \$500,000 per occurrence because of damage to the property of others; and
3. The insured is the business listed on the application

Unemployment Compensation Requirements: By signing this form, the applicant is attesting that the business is making contributions or paying taxes required as Wisconsin unemployment compensation contributions under ch. 108, Stats., or federal unemployment compensation taxes under 26 USC 3301 to 3311. If unsure whether unemployment compensation contributions/taxes are required for the business, call Unemployment Compensation Division, 608-261-6700.

Worker's Compensation Requirements: By signing this form the applicant is attesting that the business, if required under s. 102.28 (2), Stats., has in force a policy of worker's compensation insurance issued by an insurer authorized to do business in Wisconsin or is self-insured in accordance with s. 102.28 (2), Stats. If unsure whether worker's compensation insurance or self insurance for worker's compensation is required for the business, call Worker's Compensation Division, 608-266-1340.